

criticism is that the plan represents a number of unorganized and undocumented opinions by many who never take care of a patient, and who add to the mix of the report from their diverse interests and backgrounds. Unfortunately, too, many recommendations are totally inconsistent or are based on assumptions and beliefs whose validity has not been established—for example, “mandatory maintenance of competence.” A non-medical planning organization has no role in assuming this kind of responsibility since it is incompetent to do so. Or again, only the profession itself can perform “peer review,” and we have already assumed this responsibility in medicine.

The plan does have some good points. For example, the section on Mental Health was rewritten several times, and is most praiseworthy. A recommendation under Manpower calls for a review to determine what should be the appropriate mix of physician specialists. And the plan does propose to establish priorities in conjunction with local and area-wide groups.

So let us consider the California State Plan for Health as a start and not the final one, as we approach solutions to the multitude of problems pertaining to health care in our state.

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## Of Nurses and Physician's Assistants

NURSES USUALLY do not like to be cast in the role of “physician’s assistant,” and those who are attempting to define the function of the “physician’s assistant” do not think of casting this role as that of a nurse. Yet if things keep going the way they seem to be, there is likely to be less difference between these roles than some might think. To be sure, a nurse is more apt to be thought of as a woman and the physician’s assistant as male. But in these days this sort of distinction hardly seems to matter. The fact is that both are expected to perform at about the same level, with much the

same degree of technological expertise, and in consequence of this each now shares or soon will share many of the same professional aspirations.

Let us examine what is occurring. We have started to embark upon complex and costly programs to train various kinds of physician’s assistants who are to perform various functions at a fairly high level of technological sophistication. The navy “corpsman” or the army “medic” has been the ideological model. He is to serve as the physician’s helper, either as his aide in the office, clinic or hospital, or as his agent in isolated or remote areas. Certain specialties, notably pediatrics and orthopedics, have now begun to develop their own specialized physician’s assistants. Internal medicine is studying the possibilities. But while all this is going on, there are already elaborate programs, some more formal than others, to train nurses to perform many specialized functions which are quite difficult to differentiate from the kinds of functions proposed for physician’s assistants. There are nurse anesthetists, surgical nurses, psychiatric nurses, public health nurses, office nurses, visiting nurses, and specially trained nurses who serve in intensive care units, coronary care units and post-operative recovery rooms, and there are nurse administrators of many kinds.

If one reflects upon this, he must sense that for some time we have been developing a health professional with a higher level of professional sophistication than we have had in the past. So far professionals of this order have been mostly women who have evolved from nursing backgrounds. But now a parallel development is occurring with the “physician’s assistant” programs which will prepare mostly men for similar if not the identical roles. Perhaps what is really happening is that a new category of health professional is arriving upon the scene, one which will embrace a variety of trusted operational roles in the delivery of medical care and health care services, and whose membership in due time will reject the role of nurse, and also the image of assistant, in favor of a new and well-earned professional status. This new category of health professionals has yet to acquire a generic name, but those it encompasses are already well started in the performance of their categorical functions. Physicians should look forward to further developments which seem certain to be in the interests of better patient care, and from the standpoint of the community, better health care.